

Proctor Security Agreement For The Administration Of The
ACCUPLACER Basic Skills Tests

ATTENTION:

**PROCTOR: For verification purposes, please provide website address
and/or business card.**

I, _____, agree to administer the ACCUPLACER
(name of designated proctor - PRINT)

_____ test(s) to _____, ID
(enter name of test(s) - PRINT) (name of student - PRINT)

_____ in a secure, proctored environment and to be present throughout
the testing session(s).

I agree to verify the identification of the student named above by the use of a picture ID issued by a state or
federal agency. (Driver's License, Passport, Military ID)

I agree to take all necessary precautions and actions to ensure the security and confidentiality of the
ACCUPLACER Basic Skills Test item pools.

I agree NOT reproduce or copy, in any fashion, in whole or part, any of the materials of the
ACCUPLACER system. **I acknowledge that all said materials are copyrighted, and I agree
NOT to share, in any way such materials with any unauthorized persons.**

**Retesting is prohibited; please contact Testing Services at 575-624-7227 or 575-624-7183 with any
questions or concerns.**

AGREED TO AND ACCEPTED BY:

Designated Test Proctor _____
(proctor's name here - PRINT)

Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # () _____ - _____

E-mail address: _____

Website address: _____

Signature: _____ Date: _____

STUDENT INFORMATION

Name: _____

Student ID#: _____ Date of Birth: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # () _____ - _____ ENMU-R Email Address: _____

Signature: _____ Date: _____

Please mail to: ENMU-Roswell, Testing Services, P. O. Box 6000, Roswell, NM 88202 or FAX to: ENMU-Roswell,
Testing Services 575-624-7331.